

2368

N. B.—In case of more than one child at a birth a SEPARATE RETURN must be made for each, the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila
 District of Pic
 Town of _____
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **554** State Index No. **548**

ORIGINAL CERTIFICATE OF BIRTH

Co. Register No. _____

Local Registrar's No. _____

(No. _____ St. _____ Ward)

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born ☐ YES
 Alive ☒ NO

Sex of Child Female Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate Yes Date of Birth Nov 2 1915
 (Month) (Day) (Yr.)

FATHER
 Full Name Samuel Koz
 Residence Pic
 Color or Race Indian Age at last Birthday 31 (Years)
 Birthplace Ariz
 Occupation Farmer

MOTHER
 Full Maiden Name Bessie Miller
 Residence Pic
 Color or Race Indian Age at last Birthday 29 (Years)
 Birthplace Ariz
 Occupation Housewife

Number of child of this mother 4 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on _____ 191____, at _____ M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) H. R. MacArthur
 (Attending physician, midwife, householder.*)

Given or christian name added from a

Address San Carlos

supplemental report _____ 191____

Filed _____ 191____

LOCAL REGISTRAR.

A True Copy

Filed _____ 191____

COUNTY REGISTRAR.

025-1102-249
 COUNTY REGISTRAR.